APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Date:: 10/01/01
Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?:: NONE

Sequence Submission?:: PAPER

Title:: ASPARTOACYLASE GENE, PROTEIN,

AND METHODS OF SCREENING FOR MUTATIONS ASSOCIATED WITH

CANAVAN DISEASE

Attorney Docket Number:: SHUTT-1 C1

Total Drawing Sheets:: 13

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR Primary Citizenship Country:: U.S.A.

Status:: FULL CAPACITY

Given Name:: Reuben Family Name:: Matalon

City of Residence:: Coral Gables

State or Province of Residence:: Florida
Country of Residence:: U.S.A.

Street of Mailing Address:: 640 Destacada Avenue

City of Mailing Address:: Coral Cables

State or Province of Mailing Address:: Florida

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 33156

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: India

Status:: FULL CAPACITY

Given Name:: Rajinder Family Name:: Kaul City of Residence:: Miami

State or Province of Residence:: Florida Country of Residence:: U.S.A.

Street of Mailing Address:: 7305 S.W. 123rd Street

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

U.S.A.

Page 1

Initial 10/01/01

Postal or Zip Code of Mailing Address:: 33156

Applicant Authority Type:: **INVENTOR** China

Primary Citizenship Country::

FULL CAPACITY Status::

Given Name:: Guang Middle Name:: Ping CAO Family Name:: City of Residence:: Miami State or Province of Residence:: Florida U.S.A. Country of Residence::

9682 Fountainbleu Blvd., #405 Street of Mailing Address::

Miami City of Mailing Address:: State or Province of Mailing Address:: Florida Country of Mailing Address:: U.S.A. 33172 Postal or Zip Code of Mailing Address::

INVENTOR Applicant Authority Type::

Primary Citizenship Country:: India

FULL CAPACITY Status::

Given Name:: Kuppareddi Family Name:: Balamurugan

City of Residence:: Miami Florida State or Province of Residence:: U.S.A. Country of Residence::

6150 S.W. 40TH Street, Apt. A-7 Street of Mailing Address::

City of Mailing Address:: Miami State or Province of Mailing Address:: Florida Country of Mailing Address:: U.S.A. Postal or Zip Code of Mailing Address:: 33155

INVENTOR Applicant Authority Type:: U.S.A. Primary Citizenship Country::

FULL CAPACITY Status::

Given Name:: Kimberlee

Family Name:: Michals-Matalon Coral Gables City of Residence::

State or Province of Residence:: Florida U.S.A. Country of Residence::

640 Destacada Avenue Street of Mailing Address::

City of Mailing Address:: **Coral Gables**

Florida State or Province of Mailing Address:: U.S.A. Country of Mailing Address:: 33156 Postal or Zip Code of Mailing Address::

Page 2

arang 1 - Basa yang dipilang kaliki li Miliang di Arang sa

Initial 10/01/01

DOMESTIC PRIORITY INFORMATION

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This Application | Continuation of | 08/128,020 | 09/29/93 |

ASSIGNMENT INFORMATION

Assignee Name::

Miami Children's Hospital Research Inst.

Street of Mailing Address::

6125 S.W. 31st Street

City of Mailing Address::

Miami

State or Province of Mailing Address::

Florida

Country of Mailing Address::

U.S.A.

Postal or Zip Code of Mailing Address::

33155